



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM, COMMISSIONER

Horticulture Commission, P.O. Box 91081, Baton Rouge, LA 70821-9081, (225) 952-8100, FAX (225) 925-3760



2010 NURSERY STOCK DEALER PERMIT APPLICATION

Please fill in all information in the blocks below.

MAKE YOUR NUMBERS & LETTERS EXACTLY LIKE THESE EXAMPLES. USE CAPITAL LETTERS ONLY.
1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

BUSINESS NAME																											
MAILING ADDRESS																											
CITY																			STATE			ZIP CODE					
PHYSICAL ADDRESS																											
CITY																			STATE			ZIP CODE					
CONTACT NAME	Mr.	Ms.	Mrs.					PARISH																			
FIRST																			BUS. PHONE								
MIDDLE																			FEDERAL TAX ID								
LAST																			LA STATE TAX ID								
SUFFIX																			SOCIAL SEC #								

NUMBER OF LOCATIONS		LOCATIONS				x	\$130.00	=	\$	TOTAL		
For permit RENEWALS, \$25.00 LATE FEE AFTER FEB 19, 2010												.00
												.00
												.00

In order to apply for a nursery stock dealer permit, the applicant must be involved in the business of selling nursery stock.

INSTRUCTIONS:

- **YOU MUST RETURN THIS ORIGINAL FORM. PHOTOCOPIES CANNOT BE ACCEPTED.**
- If you need additional forms, contact Horticulture Commission at (225) 952-8100 or horticulture@ldaf.state.la.us.
- Add new locations in the blocks provided.
- Fill in the total number of locations and calculate total fee.
- Add late fee if needed. **If permit # begins with anything other than 09, then add late fee.**
- Do not staple payment to your application. Checks or Money Orders are the only method of payment accepted.
- **DO NOT MAIL CASH.** Make payment to: **LOUISIANA HORTICULTURE COMMISSION** Mail to: P.O. Box 91081, Baton Rouge, LA 70821-9081.

I (we) hereby agree to abide by the Louisiana Horticulture Laws, Rules and Regulations.

SIGNATURE _____ DATE

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56090



AES-56-09 (r.10/06)

NURSERY STOCK DEALER 0120 1605 01 1206

OFFICE USE	
Transmittal #	
Check #	
Date	
Amt. \$.00

NEW LOCATION INFORMATION



LOCATION NAME																																	
PHYSICAL ADDRESS																																	
CITY																STATE			ZIP CODE														
PARISH																												STORE NO.					
LOCATION PHONE										LA STATE SALES TAX #																							

1

LOCATION NAME																																					
PHYSICAL ADDRESS																																					
CITY																	STATE			ZIP CODE																	
PARISH																																	STORE NO.				
LOCATION PHONE																	LA STATE SALES TAX #																				

2

[illegible]

3

[illegible]

4

[illegible]

5

[illegible]

6